

STATE OF GEORGIA
DEPARTMENT OF REVENUE

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FOR TOBACCO PERMIT (ATT-12)

Use this form to obtain a license for any manufacturer's representative or a salesman's permit to sell taxable tobacco products in Georgia. Provide a separate application for each representative or salesman.

TYPE OR PRINT IN INK - DO NOT USE PENCIL

INSTRUCTIONS FOR COMPLETING:

Line 1 - Enter your Georgia State Taxpayer Identifier (STI) and tobacco license number (If you do not yet have one, leave blank)

Line 2 - Enter the name and address under which your business is legally registered with the Secretary of State. If your business is not registered, then enter the name under which your business owns property or acquires debt. If the business is a partnership, the legal name is the partnership name. In the case of a sole proprietorship, the legal name is the name of the individual owner of the business.

Line 3 - Check the application type for the individual you are registering.

Lines 4-8 - Provide the following information about the applicant:

- | | |
|--|--|
| * Social Security Number | * Mailing Address (If different from home address) |
| * Full name of applicant (last, first, middle initial) | * Business telephone number |
| * Date of Birth | * Home telephone number |
| * Home Address | |

Complete Lines 9 through 11 only if you are applying for a Wholesaler Salesman Permit.

Line 9 - Enter the number of years applicant has been employed by the wholesaler identified in Lines 1 and/or 2.

Line 10 - Provide the following employment history information for the past ten (10) years:

- | | |
|--------------------------------|--|
| * Month and year employed from | * Address of previous employer |
| * Name of previous employer | * Position applicant held with previous employer |

Line 11 - Check "yes" or "no". If you check "yes" give reason in the spaces provided.

INSTRUCTIONS FOR PAYMENT:

There is no registration or license fee for wholesaler salesman permit. The license fee for a manufacturer's representative is \$10.00 per person. A check or money order for the appropriate fee must be made payable to the **GEORGIA DEPARTMENT OF REVENUE**. Georgia law stipulates that taxes and fees shall be paid in lawful money of the U.S. and be free of any expense to Georgia.

INSTRUCTIONS FOR MAILING:

The taxpayer should retain a copy of this application for his file and for inspection by the Revenue Commissioner or his Agents. Mail the original to the address shown below. If you have any questions or need assistance in completing the application call the Alcohol and Tobacco Division at 404-417-4870.

Georgia Department of Revenue
Alcohol and Tobacco Division
P.O. Box 49728
Atlanta, GA 30359

THE PROCESSING OF THIS APPLICATION WILL BE DELAYED UNLESS IT IS PROPERLY SIGNED, COMPLETE INFORMATION IS FURNISHED, AND APPLICABLE QUESTIONS ARE ANSWERED.